

suggestions to nurses are: Scrub the feet with a soft brush and ivory soap, three times a week. Rub with both hands while the lather is on, rinse until all soap is removed, dry thoroughly, and rub with lanolin, at night. In the morning, dust with boracic acid powder, and use a fresh pair of seamless stockings every day. I make a strong point of seamless stockings as callosities are formed on the sole of the foot from seams in stockings. The shoe should be broad enough in the toe so that the great toe is perfectly straight and all toes can spread when the person steps forward. There should be no pressure on the little toe, the ankle and instep should be held firm, and the heel should suit the arch of the foot, with extension soles and laced shoes. Consult a good clean chiropodist as often as the toe nails and other foot troubles need attention. A nurse who suffered very much with her feet during training told me she always went to a chiropodist before going to an obstetrical case—and forgot all about her feet while with the patient. She much preferred to spend her money for chiropody rather than for fudges.

Hoping you will not think I am advertising *my job*,

Sincerely yours,

SPINSTER,
Class 1883.

A PROBLEM

DEAR EDITOR: Will you allow me to state an experience that I had last August, and ask the opinion and advice of my sister nurses?

I was taken a distance of thirty-eight miles, by a physician, to a case of pneumonia. The family did not know the doctor was slightly intoxicated, or that he was to bring a nurse, until we arrived, which was about midnight. They did not want a nurse, and the physician said I should stay. I felt it my duty to obey orders, which I did, but the family did not see it that way, and I was placed in an uncomfortable position for five days, when the patient recovered sufficiently for me to leave.

I would like to hear, through the *JOURNAL*, from some of the nurses who have had similar experiences, and what they would have done under like circumstances.

M. H. K.

INFORMATION DESIRED

DEAR EDITOR: I should like to hear how the state associations regulate the standard for the training schools and how the membership

committee of these associations act upon applicants from other states than their own.

Can a hospital not giving obstetrical or contagious training or just one of the above mentioned be called a general hospital?

Is contagious training compulsory in all large training schools?

M. M. M.

[1. Send to the Education Department at Albany, N. Y., for a copy of the Nurse Practice Act of 1903, with a copy of the Regents' rules governing the same. Send also to the secretary of the Maryland State Examining Board, Mary C. Packard, 27 North Cary Street, Baltimore, Md., asking for copies of the Maryland state law, with the rules governing the inspection of training schools in that state.

2. No.

3. It is not. Theoretical instruction is required of schools registered by the New York Board, but practical experience is not compulsory.—ED.]

EXTRACTS FROM LETTERS TO THE EDITOR

[At this season of the year, the editor-in-chief is in the habit of writing to each member of her staff of collaborators, asking for criticisms of the JOURNAL during the past year and for suggestions for its future development, outlining such special features of JOURNAL work as she wishes each to undertake in her community. We give some extracts from letters received in reply which have been most encouraging to the editor.]

“Perhaps it would cheer your heart if you knew how much I appreciate the AMERICAN JOURNAL OF NURSING. I really fail to understand how any superintendent of any training school can efficiently perform the varied duties which come to one holding such a position, without having frequently to refer to the information which is to be found within the pages of this very valuable JOURNAL.”

MARY A. SNIVELY.

“I have no criticisms to make, the longer I am out of active work and removed from nursing centres, the more the JOURNAL means to me. I am sure I am right in thinking that most of your criticism comes from nurses in large hospitals who are identified with every new idea, and forget how remote private duty nurses are from such things.”

ISABEL McISAAC.

“Personally I can find nothing to criticize in the JOURNAL; it is one whole delightful reading to me. Those few who subscribe through me